SAHTU

HEALTH AND SOCIAL SERVICES AUTHORITY

ANNUAL REPORT 2009-2010

North Slavey

K'éhshó got' ɲne xədə́ k'é hederi ʔedɬhtl'é yeriniwę nídé dúle.

If you would like this information in another language, call us.

English

Si vous voulez ces renseignements en francais, contactez-nous.

Français

1-867-920-3367

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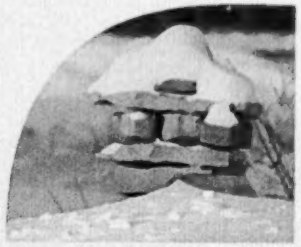

Message from the Chair

Judith Wright-Bird, our former Chair, resigned July 17, 2009. It was my pleasure to serve in the Chair's capacity in Judith's absence. This fiscal year has been a year of transition between strategic plans. Our new strategic plan is planned for release in the summer of 2010 after much consultation, discussion and planning by the Board and Staff.

Related to the new strategic plan is an Authority focus on identifying risk areas within the organization. After years of recording incidents on paper, without the ability to report at an aggregate level, the Authority now has the capability of reporting on organizational incidents, big and small, to determine where our biggest risks exist and in variable degrees of detail. This information is critical in our pursuit to provide the safest services possible to our clients while ensuring Authority employees are safe themselves.

A big part of safety is having well-defined lines of communication, whether internal to our organization

or external. The Board's role is to ensure these processes exist to the extent needed to provide safe services and meet the expectations of our clients to the degree those expectations fall within our mandate. Look for the Board to be more visible and interactive with our communities to ensure the common issues get addressed and the good news gets back to our dedicated employees.

Diane Bailes
Chair Person

Board of Trustees

Diane Bailes
Board Co-Chair Person
& Trustee for Norman Wells

Danny Bayha
Trustee for Deline

Florence Barnaby
Trustee for Fort Good Hope

Board positions vacant as of March 31, 2010:
Chair Person, Tulita Trustee, Colville Lake Trustee,
Youth and Elder Representatives.

Message from the CEO

This year has been a year of promise and hope with the ground work laid for future years by beginning the extensive work on our new strategic plan to be released in the summer of 2010. The research entailed looking through a multi-perspective lens to ensure the organization meets our client needs by understanding the relationships between sustainability, our workforce, operational processes and client needs. The work involved consultation with stakeholders, staff, and of course clients resulting in a re-energized leadership team.

Sustainability in the health and social service industry is always forefront on our minds. We remain challenged to do more with the same resources and have learned through years of experience how to juggle these competing objectives evidenced by producing a small operating surplus.

Operating surpluses are not easy to create, especially when focused on providing services that meet the

needs of our clients. Our ability to recruit and retain employees has a direct impact on the degree to which we are sustainable, the level of service we can provide and quality of that service, and our ability to improve our operational processes. I am pleased to say we have made great progress in hiring some very hard to recruit positions in health, social services, and mental health to the extent that as of March 31, 2010 we had occupancy levels of 88%, 78%, and 83% respectively.

High occupancy levels allow the organization to create surge capacity to respond to events like H1N1, TB outbreaks, and tragic events.

With a stable workforce we have moved quickly to improve our operational process, particularly, in the field of technology. All our communities have access to telehealth equipment which allows all practitioners, in all disciplines, to remotely connect through video with clients or each other allowing better access to services and reducing operating costs. Operating more efficiently through technology is furthered evidenced by implementing digital x-ray equipment allowing instant viewing of results by our staff and

nearly instant receipt of images by radiologists greatly reducing the time it takes to have results interpreted.

At the end of the day, or year, what matters most is how our clients interpret us in the context of meeting their needs. The development work on our new strategic plan is laying the foundation for greater accountability to our clients and stakeholders helping make this past year a success and creating optimism with our organization moving forward.

Chad Fehr, CMA
CEO

FINANCIAL STATEMENTS

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To the Minister of Health and Social Services
Government of the Northwest Territories

We have audited the Operating Fund Balance Sheet of the Sahtu Health & Social Services Authority as at March 31, 2010, the Statements of Operations, Equity and Changes in Financial Position for the year then ended. These financial statements have been prepared for the Department of Health and Social Services - Government of the Northwest Territories (GNWT) in accordance with the Audit Terms of Reference for Health and Social Services Authorities. We have also audited the revenue and expenditures of all programs funded through contribution agreements by the Department of Health and Social Services which total $50,000 or more as listed in Schedule J. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

The GNWT is responsible for the calculation and distribution of the salaries and wages that appear on the statement of revenue and expenditures, the accuracy of which is not susceptible to complete audit verification. We have satisfied ourselves that the payroll information provided by the GNWT was reflected in the Authority's records.

In our opinion, except for the effect of adjustments, if any, which might have been determined to be necessary had we been able to do a complete payroll audit, these financial statements present fairly, in all material respects, the financial position of the Authority, as at March 31, 2010 and the results of its operations and the changes in its financial position for the period then ended in accordance with the basis of accounting required for Health and Social Services Authorities by the Government of the Northwest Territories as disclosed in Note 2 to the financial statements, applied on a basis consistent with the preceding year. Furthermore, these statements present fairly, in all material respects, the funding and expenditures of all Health and Social Services funded programs of $50,000 or more in Schedule J for the year ended March 31, 2010, in accordance with the provisions established by the individual Contribution Agreements.

These financial statements, which have not been, and were not intended to be, prepared in accordance with Canadian generally accepted accounting principles, are solely for the information and use of the GNWT. These financial statements are not intended to be and should not be used by anyone other than the specified users or for any other purpose.

We further report, in accordance with the Financial Administration Act, in our opinion, proper books of account have been kept by the Authority, the financial statements are in agreement therewith, and the transactions that have come under our notice have, in all significant aspects, been within the statutory powers of the Authority.

Avery, Cooper & Co.

AVERY, COOPER & CO
Yellowknife, NT
June 10, 2010

AVERY COOPER IS A MEMBER OF MSI, AN INTERNATIONAL ASSOCIATION OF INDEPENDENT PROFESSIONAL FIRMS

Sahtu Health & Social Services Authority

Balance Sheet
As of March 31, 2010

ASSETS	2010	2009
Current Assets		
Cash	1,120,469	1,088,893
Accounts Receivable	40,549	32,683
Accounts Receivable - GNWT	672,784	698,049
Prepaid Expenses	834	3,904
	1,834,636	**1,823,528**
LIABILITIES		
Current Liabilities		
Accounts Payable - GNWT	910,757	1,016,422
Accounts Payable	106,230	293,644
Employee Leave & Termination Benefits (Note 3)	201,533	161,723
	1,218,520	**1,471,789**
Long Term Liabilities		
Employee Leave & Termination Benefits (Note 3)	232,499	224,001
EQUITY		
Operating Fund - per Statement of Equity	319,748	63,870
Leave & Termination Benefits Fund	63,869	63,869
	383,617	127,739
	1,834,636	**1,823,528**

Approved:

Chairperson

Chief Executive Officer

Sahtu Health & Social Services Authority

Statement of Operations

For the year end of March 31, 2010

	2010 (budget unaudited)	2010 (actual)	2009 (actual)
Revenue			
Territorial Operating Advance (Schedule A)	9,991,000	10,528,141	10,003,000
Other Recoveries (Schedule B)	43,200	52,930	24,713
Investment Revenue	64,950	6,682	45,967
Other Revenues (Schedule C)	119,400	346,415	210,363
Non-Insured Recoveries (Schedule G)	72,000	116,999	96,440
Contribution Agreements (Schedule J)	881,104	1,216,928	996,473
	11,171,654	**12,268,095**	**11,376,957**
Expenditures			
Administration (Schedule D)	1,318,900	1,159,234	1,199,649
Regional Services (Schedule F)	8,911,650	9,519,056	8,774,545
Non-Insured Expenses (Schedule G)	72,000	116,999	96,440
Contribution Agreements (Schedule J)	869,104	1,216,928	996,473
	11,171,654	**12,012,217**	**11,067,108**
Operating Surplus (Deficit)	-	**255,878**	**309,849**
Unfunded Items			
Change in employee leave & termination benefits	-	**48,309**	**(22,074)**
Surplus (Deficit) Before the Following	-	**304,187**	**287,775**
Tangible Capital Assets - Rent Expense (Note 6)	-	(284,731)	(275,467)
Grant in-Kind - GNWT	-	284,731	275,467
Surplus (Deficit)	-	**304,187**	**287,775**

Sahtu Health & Social Services Authority

Statement of Equity

For the year end of March 31, 2010

	2010	2009
Balance, Beginning of the year	127,739	(182,110)
Transfer from Special Projects Reserve	-	-
Current Year's Operating Surplus (Deficit)	255,878	309,849
Adjusted Balance, end of year	**383,617**	**127,739**

Tuberculosis (TB) Management

In October 2009, Deline experienced a tuberculosis (TB) outbreak. Fortunately, our skilled health teams are on the look-out for TB, and the outbreak was discovered early.

Ten active and 23 inactive TB patients have been treated. To ensure the disease is managed, we provide patients with medication, monitor to make sure they take the medication, and have follow up appointments. We monitor them for side effects to the drugs and for overall well being.

As well as the patients themselves, health workers also need to monitor and test any resident who has been in contact with an active TB patient. This is a challenging task for the health care team in the community. Staff conducted 2,000 lab tests and 600 chest X-rays.

Our community health nurses, along with the help of Prevention and Health Promotion workers, have worked tirelessly on this daunting task!

It can be difficult to locate patients for the proper treatment and testing. It has taken a lot of hard work and dedication, but our community health nurses, along with the help of Prevention and Health Promotion workers have worked tirelessly.

We congratulate the staff in Deline for their efforts in stopping the spread of this disease.

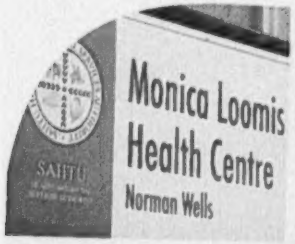
There has been little TB activity in other Sahtu communities. Health care workers continue to monitor the situation closely to make sure it remains that way.

Health Services

It has been a very good year for our health programs, our health centre and our staff.

One of our challenges is finding and keeping staff to provide health services. This year we made great progress on that challenge. We welcomed a new Manager of Health. As well, our offices in Deline, Tulita, Fort Good Hope, Colville Lake and Norman Wells are almost fully staffed. We welcomed four graduates of the Community Health Nurse (CHN) Development program: two in Fort Good Hope and two in Norman Wells.

Work continues to recruit and fill the few vacant CHN positions that remain.



We congratulate our staff in health services, and thank them for a job well done. We appreciate their dedication to the people of the Sahtu and their efforts to maintain a high level of knowledge in their field of practice. There have been many challenges over the past few years in the Sahtu region and they have always been met with enthusiasm and confidence. With our great team, we look forward to facing future challenges.

Professional and Specialist Visits

Physicians and other visiting professionals are very important to our Communities. Visiting professionals include; occupational therapy, physiotherapy, speech/ language therapy as well as dental and eye care.

Three locum physicians provided service to our five communities on a rotating, monthly basis. Dr. Chuck MacNeil, Dr. Ronald Ferguson and Dr. Neil Hobbs were here through 2009/10 and are scheduled to continue their work in 2010/11.

Coordinating these visits is often a challenge, as we need to work around the visiting professional's schedule and find appropriate space at our facilities. This often means visiting professionals have to share space and because there is seldom time to see all the clients needing service, patients often face a long waiting list. We appreciate the patience and understanding of both our visiting professionals and our residents in making the best of challenging conditions.

Immunization Program

Immunization programs are one of the best ways to prevent disease. Early childhood programs are monitored closely and are very successful.

This year 100 women in the Sahtu region received the Gardisil vaccine that protects against the HPV virus. This vaccine offered to women between the ages of 9 and 26, can prevent cervical cancers. It will continue to be offered as part of our immunization schedule.

H1N1 vaccinations were a great success throughout our region this year. 1,721 people, about 60 per cent of our population, were immunized. This prevented the spread of disease in our communities. Long-time smokers also had the chance to get the Pneumovax vaccine at the same time as the H1N1 vaccine. This worked well to help prevent pneumonia in communities among this vulnerable group.

Home Care Program

Our home support program is very active in all of our communities, serving 80 clients across the region. Clients continue to be referred to the program.

Our Home Care staff always show enthusiasm, passion and concern for all their patients. They have a desire to learn so that they may provide the best physical, mental and social support possible. Working with the primary community care team, the Home Care staff are an important part of our community health system.

Four of our home support staff are in the process of getting their Personal Support Worker certification, and many have been trained in the "Elders in Motion" initiative.

Nurse Practitioners

We have a nurse practitioner in the region - currently based in Norman Wells, and are actively recruiting another for Fort Good Hope. These two positions will provide services to all five communities in the Sahtu on a visiting schedule.

The nurse practitioners' role is to enhance the excellent care provided by our primary community care team members and bridge the gap to physician services. They also provide leadership, skills and knowledge in all areas of health promotion and disease prevention.

The nurse practitioners will focus on chronic disease management and self-care, high-risk pregnancies, women's health and educational activities in schools and in the community.

New Technology in Health Centres

Technology helps us provide better and more efficient services to our patients. Digital Imaging Picture Archiving and Communication Systems (DiPACS) have been set up in all of our health centres. With DiPACS, we can process X-rays and diagnose our patients quicker than ever before.

Our health centres now also have access to Interoperable Electronic Health Records (iEHR). These records give us an easier and quicker way to store and share patient information with other authorized health providers. It gives us access to patient test results much faster. When we can get test results faster, we are able to diagnose our patients more quickly and start treatment sooner.

Advances in technology will continue to improve our ability to provide excellent health and social care to our residents.

Mental Health and Addictions Counseling Programs

The Sahtu Health & Social Services Mental Health and Addictions Program had a year of challenge, change and exciting opportunities.

We lost two staff: Curtis Yamada, the Clinical Supervisor, Mental Health & Addictions in Norman Wells and Karen Zernanek, the Mental Health & Addictions Counselor (MHAC) in Deline. While Curtis left in December 2009, he continued to provide support and clinical supervision to the Mental Health and Addictions Counselors until the end of the fiscal year.

Staff turnover has been challenging, but the MHAC program still fared well through the change. The reason for our success lies with the talented MHACs we still have in the region: Charlotte Hannah, who has been in Fort Good Hope for three years and Samantha LaQua

who has been in Norman Wells for four years. Two new MHACs joined our team in January. Rebecca Crouchman is based in Norman Wells and provides counseling services to Deline and Colville Lake. BeAnna Lynn lives and works in Tulita, providing counseling services to Tulita with occasional service to clients in Fort Good Hope.

All of our MHACs are highly skilled in mental health, trauma and addictions counseling. They each have one or more Master's Degrees and are specially trained in a variety of counseling areas. One counselor has earned her Provisional Psychologist designation while another is a PhD candidate. They are highly qualified professionals, passionate about their work in the North. The MHACs work hard to meet the needs of their communities. They recognize that each community in the North is different, and try to respond in unique ways.

Individual counseling is provided in each community by either appointment or drop-in. The MHACs also worked with the health centres, the RCMP and schools with referrals.

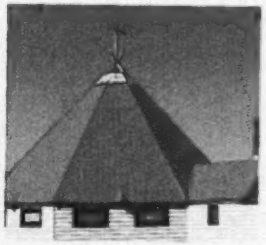
Our MHACs are part of a critical incident response team that is available for dispatch on short notice. It is not uncommon to have the team dispatched several times each year.

Throughout the year, the MHACs co-hosted "cake nights" and even potlucks with the prevention and health promotion workers to celebrate sobriety. Participants said they enjoy these gatherings, which provide them with the opportunity to get together, have fun and more importantly, express gratitude for their sobriety.

MHACs also offered workshops in schools and communities on parenting, dealing with stress, self-esteem, alcohol and drugs, inhalants, depression and relationship violence. Community partnership activities were also offered, including school art clubs, candle giveaways, family fun night, sober walks and feasts.

Some MHACs were active in networking, planning, organizing and/or participating in H1N1 immunization activities, interagency meetings, National Addictions Awareness Week, World Suicide Prevention Day and Family Violence Prevention Week.

Although there have been some challenges with staff turnover, the MHACs, with support of senior management, have worked hard to build a dynamic new team. The whole region will benefit from their expertise and enthusiasm in the coming years.



Florence Horassi and Theresa Etchinelle from Tulita and Addy Tobac from Fort Good Hope retired from the program this year. We wish them all the best.

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